

**Exhibit 612** [replacing Dkt. #2371-68] attached to Plaintiffs' Consolidated Memorandum in Opposition to Defendants' Motions for Summary Judgment on Plaintiffs' Civil Conspiracy, RICO and OCPA Claims at Dkt. #2182.

- Redactions withdrawn by Defendants

# PSJ3

## Exhibit 612

**McKesson**

Empowering Healthcare

**RNA -Threshold Change/Level 1 Form**\*NOTE: Areas in **Bold** are **MANDATORY** \*Date: 4-28-10Submitted by Steve Schmidt

Home DC

Request for threshold change Y/N?      Temp/Perm?                      Level 1 Notification?     Anticipated Effective Date:              (Attach list if necessary)

<b>Customer Name:</b> <u>See list</u>	<b>Corporate Contact Name:</b> <u>                    </u>
<b>Address:</b> <u>                    </u>	<b>Title:</b> <u>                    </u>
<u>                    </u>	<b>Phone:</b> <u>                    </u>
<u>                    </u>	<b>Has account reached monthly threshold Y/N?</b> <u>    </u>
<b>DEA number:</b> <u>                    </u>	<b>Has Level One been conducted Y/N?</b> <u>    </u>
<b>Customer Account number:</b> <u>                    </u>	<b>If contact different than above, List here:</b> <u>                    </u>

Provide Economost number, Description or Base Code Dosage amount or percentage

- |  |  |
|--|--|
| 1. CS requested: <u>See list</u>             | +/- amount <u>+15.00%</u>              |
| 2. CS requested: <u>                    </u> | +/- amount <u>                    </u> |
| 3. CS requested: <u>                    </u> | +/- amount <u>                    </u> |
| 4. CS requested: <u>                    </u> | +/- amount <u>                    </u> |
| 5. CS requested: <u>                    </u> | +/- amount <u>                    </u> |

**Reason for requested change (BE SPECIFIC, include supporting documentation):**

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

**McKesson use only**

- Has threshold been changed on the same product within the last three months?
- If Yes, List dates:

**Current Threshold**

- 
- 
- 
- 
- 

**Approval/Denial Approved by:**DC Management Jake KramerDate: 4/28/10Regulatory Tom McDonaldDate: 4-28-10

RNA TCR CVS Multi 4-28-10.docRNA TCR CVS Multi 4-28-10.doc

MCK 000495

Home DC	Reg.DC	Chain License	Account Name	Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold %	New Threshold
8131	8131	815 FM0755390	585706 CVS PHCY 5305A	9143	OXYCODONE	11000	10934	99.4	13000

MCK 000496

Confidential Material Exempt  
From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MCKMDL000000498



## RNA -Threshold Change/Level 1 Form

\*NOTE: Areas in **Bold** are **MANDATORY** \*

Date: 1-20-10Submitted by Steve Schmidt

Home DC

Request for threshold change Y/N?      Temp/Perm?      Level 1 Notification?       
 Anticipated Effective Date:      (Attach list if necessary)

<b>Customer Name:</b> <u>See list</u>	<b>Corporate Contact Name:</b> <u>    </u>
<b>Address:</b> <u>    </u>	<b>Title:</b> <u>    </u>
<u>    </u>	<b>Phone:</b> <u>    </u>
<u>    </u>	<b>Has account reached monthly threshold Y/N?</b> <u>    </u>
<b>DEA number:</b> <u>    </u>	<b>Has Level One been conducted Y/N?</b> <u>    </u>
<b>Customer Account number:</b> <u>    </u>	<b>If contact different than above, List here:</b> <u>    </u>

Provide Economost number, Description or Base Code      Dosage amount or percentage

- |                                  |                           |
|----------------------------------|---------------------------|
| 1. CS requested: <u>See list</u> | +/- amount <u>+15.00%</u> |
| 2. CS requested: <u>    </u>     | +/- amount <u>    </u>    |
| 3. CS requested: <u>    </u>     | +/- amount <u>    </u>    |
| 4. CS requested: <u>    </u>     | +/- amount <u>    </u>    |
| 5. CS requested: <u>    </u>     | +/- amount <u>    </u>    |

**Reason for requested change (BE SPECIFIC, include supporting documentation):**

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Has threshold been changed on the same product within the last three months?
2. If Yes, List dates:

Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

**Approval/Denial Approved by:**

DC Management Jake KramerDate: 1/21/10Regulatory Michael OrienteDate: 1-20-10

RNA TCR CVS Multi 1-20-10.docRNA TCR CVS Multi 1-20-10.doc

MCK 000497

Confidential Material Exempt  
From Disclosure Under FOIA

Home DC	Reg.DC	Chain License	Account Name
8131	8131	815 FM1634220	804082 CVS PHCY 8944A
8147	8147	815 BC2586949	839385 CVS PHCY 9695B
8147	8147	815 BC8694928	838463 CVS PHCY 9624B
8147	8147	815 BC2586329	819402 CVS PHCY 8839B
8147	8147	815 BC2365826	819116 CVS PHCY 8812B
8147	8147	815 BC6460721	837547 CVS PHCY 9562B
8147	8147	815 BC2584628	829100 CVS PHCY 9165B
8147	8147	815 BC8753231	837972 CVS PHCY 9583B
8170	8170	815 BC6818352	842119 CVS PHCY 9283B
8170	8170	815 BC8231576	66587 CVS PHCY 0086B
8170	8170	815 BC6818352	842119 CVS PHCY 9283B
8170	8170	815 BC8231843	562908 CVS PHCY 0017B

Base Code	Description
9143	OXYCODONE
9143	OXYCODONE
1100	AMPHETAMINE
9050	CODEINE-N-OXIDE
2285	PHENOBARBITAL
9050	CODEINE-N-OXIDE
9143	OXYCODONE
9050	CODEINE-N-OXIDE
1100	AMPHETAMINE
9143	OXYCODONE
9143	OXYCODONE
1100	AMPHETAMINE

Monthly Threshold	MTD Accumulator	Threshold %
8000	6600	82.5
8000	7100	88.75
6900	6100	88.41
7000	6000	85.71
5000	4200	84
6000	5000	83.33
9200	7600	82.61
5000	4032	80.64
5000	5000	100
26400	26336	99.76
16000	15917	99.48
6000	5600	93.33

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MCK 000498

MCKMDL00000500

**McKESSON**

Empowering Healthcare

**Threshold Change Form**Immediate Change Request Y/N YAnticipated Effective Date: 4-16-09Date: 4-16-09Customer Name: See listAddress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

Provide Econo most number, Description, NDC or Base Code      Change in selling unit or percentage

- |                                  |                            |
|----------------------------------|----------------------------|
| 1. CS requested: <u>See list</u> | Increase amount <u>15%</u> |
| 2. CS requested: _____           | Increase amount _____      |
| 3. CS requested: _____           | Increase amount _____      |
| 4. CS requested: _____           | Increase amount _____      |
| 5. CS requested: _____           | Increase amount _____      |

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

## Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by:

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form CVS4-16-09.doc

MCK 000499



Regulatory \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change FormCVS4-16-09.doc

MCK 000500

Confidential Material Exempt  
From Disclosure Under FOIA



Home DC	Reg.DC	Chain License	Account	Name	Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold %	
8131	8131	815 FM0755390	585708	CVS PHCY 5305A	2882	ALPRAZOLAM	9200	8000	86.96	10580
8170	8170	815 BC8570245	381441	CVS PHCY 8420B	9300	MORPHINE	8050	8000	99.38	9257
8180	8180	815 BC0285038	842985	CVS PHCY 8624A	9300	MORPHINE	6000	5300	88.33	6900

MCK 000501

Confidential Material Exempt  
From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MCKMDL000000503



## Threshold Change Form

Immediate Change Request Y/N YAnticipated Effective Date: 4-17-09Date: 4-17-09Customer Name: See listAddress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

- |                                  |                            |
|----------------------------------|----------------------------|
| 1. CS requested: <u>See list</u> | Increase amount <u>15%</u> |
| 2. CS requested: _____           | Increase amount _____      |
| 3. CS requested: _____           | Increase amount _____      |
| 4. CS requested: _____           | Increase amount _____      |
| 5. CS requested: _____           | Increase amount _____      |

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

### McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file?      Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

### Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

### Approved by:

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form CVS4-17-09.doc

MCK 000502

**MCKESSON**

*Empowering Healthcare*

Regulatory \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change FormCVS4-17-09.doc

MCK 000503

Confidential Material Exempt  
From Disclosure Under FOIA

Home DC	Reg.DC	Chain License	Account Name	Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold %
8115	8115	815 FC0865937	118517 CVS PHCY 3234B	9193	HYDROCODONE	11000	11000	100
8170	8170	815 BC8570245	381441 CVS PHCY 8420B	9300	MORPHINE	8050	8000	99.38
8165	8165	815 BC5359446	268192 CVS PHCY 7682B	1100	AMPHETAMINE	6000	5600	93.33
8165	8165	815 BC5360932	88207 CVS PHCY 7237B	1100	AMPHETAMINE	7000	6400	91.43
8180	8180	815 BC0285038	842985 CVS PHCY 8624A	9300	MORPHINE	6000	5300	88.33
8131	8131	815 FM0755390	585706 CVS PHCY 5305A	2882	ALPRAZOLAM	9200	8000	86.96
8147	8147	815 BC7124023	819155 CVS PHCY 8814B	9300	MORPHINE	6000	5203	86.72

MCK 000504

Confidential Material Exempt  
From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MCKMDL000000506

**McKESSON**

Empowering Healthcare

**Threshold Change Form**Immediate Change Request Y/NYAnticipated Effective Date: 4-14-09Date: 4-14-09Customer Name: See listAddress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

Provide Econo most number, Description, NDC or Base Code      Change in selling unit or percentage

- |                                  |                            |
|----------------------------------|----------------------------|
| 1. CS requested: <u>See list</u> | Increase amount <u>15%</u> |
| 2. CS requested: _____           | Increase amount _____      |
| 3. CS requested: _____           | Increase amount _____      |
| 4. CS requested: _____           | Increase amount _____      |
| 5. CS requested: _____           | Increase amount _____      |

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

## Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

## Approved by:

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form CVS4-14-09.doc

MCK 000505



Regulatory Tom McDonald

Date: 4-14-09

Threshold Change FormCVS4-14-09.doc

MCK 000506

Confidential Material Exempt  
From Disclosure Under FOIA

MCK 000507

Confidential Material Exempt  
From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MCKMDL000000509

Home DC	Reg.DC	Chain License	Account Name	Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold %	Increase to
8131	8131	815 FM0755390	585706 CVS PHCY 5305A	2882	ALPRAZOLAM	8000	8000	100	9200
8147	8147	815 BC2584527	831616 CVS PHCY 9479B	1100	AMPHETAMINE	7000	6900	98.57	8050
8170	8170	815 BC8570245	381441 CVS PHCY 8420B	9300	MORPHINE	7000	7000	100	8050

**McKESSON**

Empowering Healthcare

**Threshold Change Form**

Immediate Change Request Y/NY

Anticipated Effective Date: 3-27-09Date: 3-27-09Customer Name: See listAddress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

- |                                  |                            |
|----------------------------------|----------------------------|
| 1. CS requested: <u>See list</u> | Increase amount <u>15%</u> |
| 2. CS requested: _____           | Increase amount _____      |
| 3. CS requested: _____           | Increase amount _____      |
| 4. CS requested: _____           | Increase amount _____      |
| 5. CS requested: _____           | Increase amount _____      |

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

## Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

## Approved by:

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form CVS3-27-09 (2).doc

MCK 000508



**MCKESSON**

*Empowering Healthcare*

Regulatory Tom McDonald

Date: 3-30-09

Threshold Change Form CVS3-27-09 (2).doc

MCK 000509

Confidential Material Exempt  
From Disclosure Under FOIA

DRA	Home DC	Reg.DC	Chain License	Account Name	Base Code Description	Monthly Threshold MTD	Accumulator	Threshold %
Bill	8115	8115	815 BC5350385	213156 CVS PHCY 6741B	9250 METHADONE	7000	6100	87
Bill	8115	8115	815 BC5350715	497126 CVS PHCY 6893B	9143 OXYCODONE	8000	7000	88
Bill	8115	8115	815 BC5352264	532877 CVS PHCY 7108B	1100 AMPHETAMINE	7000	6300	90
Bill	8115	8115	815 BC5361100	253968 CVS PHCY 7293B	1100 AMPHETAMINE	9600	8400	88
Bill	8115	8115	815 BC5354876	819056 CVS PHCY 7486B	1100 AMPHETAMINE	5000	4950	99
Bill	8115	8115	815 BC5359244	884647 CVS PHCY 7645B	9300 MORPHINE	5000	4500	90
Bill	8149	8149	815 FM1277359	724109 CVS PHCY 4997A	1724 METHYLPHENIDATE	8000	6980	87
Bill	8165	8165	815 BC5359650	687730 CVS PHCY 7742B	1100 AMPHETAMINE	6000	5300	88
Bill	8194	8194	936 RC0347725	807067 CVS LA HABRA TEST	4187 TESTOSTERONE	101000	89260	88
Bill	8194	8194	936 RC0347725	807067 CVS LA HABRA TEST	9411 NALOXONE	85000	73440	86
Bill	8194	8194	936 RC0347725	829241 CVS LA HABRA-BRAND	4187 TESTOSTERONE	101000	89260	88
Bill	8194	8194	936 RC0347725	829241 CVS LA HABRA-BRAND	9411 NALOXONE	85000	73440	86
Bill	8194	8194	936 RC0347725	829297 CVS LA HABRA-BRAND CTRL	4187 TESTOSTERONE	101000	89260	88
Bill	8194	8194	936 RC0347725	829297 CVS LA HABRA-BRAND CTRL	9411 NALOXONE	85000	73440	86
Bill	8194	8194	936 RC0347725	829319 CVS LA HABRA-REFRIGERATED	4187 TESTOSTERONE	101000	89260	88
Bill	8194	8194	936 RC0347725	829319 CVS LA HABRA-REFRIGERATED	9411 NALOXONE	85000	73440	86
Dave	8109	8109	815 BC6397752	817291 CVS PHCY 8651A	1724 METHYLPHENIDATE	10120	9230	91
Tom	8131	8131	815 FM0755390	585706 CVS PHCY 5305A	9143 OXYCODONE	15600	13600	87
Tom	8131	8131	815 FM0755390	585706 CVS PHCY 5305A	9300 MORPHINE	5000	4300	86
Tom	8147	8147	815 BC5102506	819332 CVS PHCY 8838B	1100 AMPHETAMINE	6000	5200	87
Tom	8147	8147	815 BC2586658	824648 CVS PHCY 8871B	1724 METHYLPHENIDATE	9000	7730	86
Tom	8147	8147	815 BC2586658	824648 CVS PHCY 8871B	1100 AMPHETAMINE	14000	13450	96
Tom	8147	8147	815 BC2584539	828247 CVS PHCY 9111B	1100 AMPHETAMINE	7200	6800	94
Tom	8147	8147	815 BC2584577	829050 CVS PHCY 9145B	9193 HYDROCODONE	20000	19800	99
Tom	8147	8147	815 BC2584503	829112 CVS PHCY 9173B	9193 HYDROCODONE	13000	11248	87
Tom	8147	8147	815 BC2586848	839291 CVS PHCY 9683B	9193 HYDROCODONE	22000	19200	87
Tom	8147	8147	815 BC2586331	840630 CVS PHCY 9799B	9143 OXYCODONE	8000	6900	86
Tom	8147	8147	815 BC2586331	840630 CVS PHCY 9799B	9300 MORPHINE	5000	4508	90
Tom	8147	8147	815 BC2586177	840690 CVS PHCY 9849B	9193 HYDROCODONE	16100	14000	87
Tom	8170	8170	815 BC8231843	562908 CVS PHCY 0017B	1100 AMPHETAMINE	5000	4600	92
Tom	8170	8170	815 BC3490555	841568 CVS PHCY 9232B	9143 OXYCODONE	13000	11400	88

MCK 000510

Confidential Material Exempt  
From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MCKMDL00000512



## Threshold Change Form

Immediate Change Request Y/N YAnticipated Effective Date: 12/15/08Date: 12/15/08Customer Name: CVSAddress: 5301, 5302, 5305, 5307

DEA number: \_\_\_\_\_

Customer Account number: many

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

- |                              |                            |
|------------------------------|----------------------------|
| 1. CS requested: <u>9193</u> | Increase amount <u>30%</u> |
| 2. CS requested: _____       | Increase amount _____      |
| 3. CS requested: _____       | Increase amount _____      |
| 4. CS requested: _____       | Increase amount _____      |
| 5. CS requested: _____       | Increase amount _____      |

Reason for change (attach supporting documentation):

National adjustment due to the vast number of increases needed during a shortage and demand shift, per Don Walker and the DRA team.

### McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? perm
4. Has threshold been changed on the same product within the last three months?

### Current Threshold

1. various
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

### Approved by:

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form 12-15-2008.doc

MCK 000511

**MCKESSON**

*Empowering Healthcare*

Regulatory dg

Date: 12-15-08

Threshold Change Form 12-15-2008.doc

MCK 000512

Confidential Material Exempt  
From Disclosure Under FOIA

**Kramer, Jake**

**From:** Gustin, Dave  
**Sent:** Wednesday, December 17, 2008 8:10 AM  
**To:** #PGDCM  
**Cc:** de Gutierrez-Mahoney, Bill; Oriente, Michael; Jonas, Tracy  
**Subject:** FW: could you do me a favor.

**Attachments:** Threshold Change Form.doc

All;

On Nov 28 I was sent requests by Michael for over 200 Thresholds to get 30% increases for various National accts. The attached TCR form covers all RNA increases made that date. Please sign and file. This is not routine but I was the only DRA on and so my time was spent making the changes and I may have missed some email's to the DCs. Include a copy of this email along with the TCR in the file. Thanks for your patience and understanding.

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834

---

**From:** Bishop, Micheal  
**Sent:** Wednesday, December 17, 2008 9:56 AM  
**To:** Gustin, Dave  
**Subject:** RE: could you do me a favor.

Dave



Threshold Change  
Form.doc (64 ...

Thank you

**Micheal Bishop**  
Compliance Analyst, Business Process

**McKesson Pharmaceutical**  
Retail National Accounts, Support Solutions  
1220 Senlac Drive  
Carrollton, TX 75006

972.446.4892 Tel  
972.446.5493 Fax  
972.872.0149 Cell  
[micheal.bishop@mckesson.com](mailto:micheal.bishop@mckesson.com)

• [www.mckesson.com](http://www.mckesson.com)

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

---

**From:** Gustin, Dave  
**Sent:** Wednesday, December 17, 2008 8:49 AM  
**To:** Bishop, Micheal  
**Subject:** RE: could you do me a favor.

Yep....11/28

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834

---

**From:** Bishop, Micheal  
**Sent:** Tuesday, December 16, 2008 5:16 PM  
**To:** Gustin, Dave  
**Subject:** RE: could you do me a favor.

This is the Thanksgiving increases?

Thank you

**Micheal Bishop**  
Compliance Analyst, Business Process

**McKesson Pharmaceutical**  
Retail National Accounts, Support Solutions  
1220 Senlac Drive  
Carrollton, TX 75006

972.446.4892 Tel

972.446.5493 Fax

972.872.0149 Cell

[micheal.bishop@mckesson.com](mailto:micheal.bishop@mckesson.com)

[www.mckesson.com](http://www.mckesson.com)

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

---

**From:** Gustin, Dave  
**Sent:** Tuesday, December 16, 2008 3:01 PM  
**To:** Bishop, Micheal  
**Subject:** RE: could you do me a favor.

I just need a TCR from you signed and dated the 30<sup>th</sup>. I will use it for the 30% increases I made for the RNAs that day after you emailed me all those reports. Thx

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834

---

**From:** Bishop, Micheal  
**Sent:** Tuesday, December 16, 2008 4:00 PM  
**To:** Gustin, Dave  
**Subject:** RE: could you do me a favor.

I am...meeting for next 30

Thank you

**Micheal Bishop**  
Compliance Analyst, Business Process

**McKesson Pharmaceutical**  
Retail National Accounts, Support Solutions  
1220 Senlac Drive  
Carrollton, TX 75006

972.446.4892 Tel  
972.446.5493 Fax  
972.872.0149 Cell

[micheal.bishop@mckesson.com](mailto:micheal.bishop@mckesson.com)

[www.mckesson.com](http://www.mckesson.com)

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

---

**From:** Gustin, Dave  
**Sent:** Tuesday, December 16, 2008 2:59 PM  
**To:** Bishop, Micheal  
**Subject:** could you do me a favor.

Are you in today?

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834



## MCKMDL00000519

**Kramer, Jake**

---

**From:** Gustin, Dave  
**Sent:** Wednesday, December 17, 2008 8:10 AM  
**To:** #PGDCM  
**Cc:** de Gutierrez-Mahoney, Bill; Oriente, Michael; Jonas, Tracy  
**Subject:** FW: could you do me a favor.

**Attachments:** Threshold Change Form.doc

All;

On Nov 28 I was sent requests by Michael for over 200 Thresholds to get 30% increases for various National accts. The attached TCR form covers all RNA increases made that date. Please sign and file. This is not routine but I was the only DRA on and so my time was spent making the changes and I may have missed some email's to the DCs. Include a copy of this email along with the TCR in the file. Thanks for your patience and understanding.

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834

---

**From:** Bishop, Micheal  
**Sent:** Wednesday, December 17, 2008 9:56 AM  
**To:** Gustin, Dave  
**Subject:** RE: could you do me a favor.

Dave



Threshold Change  
Form.doc (64 ...)

Thank you

**Micheal Bishop**  
Compliance Analyst, Business Process

**McKesson Pharmaceutical**  
Retail National Accounts, Support Solutions  
1220 Senlac Drive  
Carrollton, TX 75006

972.446.4892 Tel  
972.446.5493 Fax  
972.872.0149 Cell  
[micheal.bishop@mckesson.com](mailto:micheal.bishop@mckesson.com)

[www.mckesson.com](http://www.mckesson.com)

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

---

**From:** Gustin, Dave  
**Sent:** Wednesday, December 17, 2008 8:49 AM  
**To:** Bishop, Micheal  
**Subject:** RE: could you do me a favor.

Yep....11/28

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834

---

**From:** Bishop, Micheal  
**Sent:** Tuesday, December 16, 2008 5:16 PM  
**To:** Gustin, Dave  
**Subject:** RE: could you do me a favor.

This is the Thanksgiving increases?

Thank you

**Micheal Bishop**  
Compliance Analyst, Business Process

**McKesson Pharmaceutical**  
Retail National Accounts, Support Solutions  
1220 Senlac Drive  
Carrollton, TX 75006

972.446.4892 Tel  
972.446.5493 Fax  
972.872.0149 Cell

[micheal.bishop@mckesson.com](mailto:micheal.bishop@mckesson.com)

[www.mckesson.com](http://www.mckesson.com)

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

MCK 000519

---

**From:** Gustin, Dave  
**Sent:** Tuesday, December 16, 2008 3:01 PM  
**To:** Bishop, Micheal  
**Subject:** RE: could you do me a favor.

I just need a TCR from you signed and dated the 30<sup>th</sup>. I will use it for the 30% increases I made for the RNAs that day after you emailed me all those reports. Thx

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834

---

**From:** Bishop, Micheal  
**Sent:** Tuesday, December 16, 2008 4:00 PM  
**To:** Gustin, Dave  
**Subject:** RE: could you do me a favor.

I am...meeting for next 30

Thank you

**Micheal Bishop**  
Compliance Analyst, Business Process

**McKesson Pharmaceutical**  
Retail National Accounts, Support Solutions  
1220 Senlac Drive  
Carrollton, TX 75006

972.446.4892 Tel  
972.446.5493 Fax  
972.872.0149 Cell

[micheal.bishop@mckesson.com](mailto:micheal.bishop@mckesson.com)

[www.mckesson.com](http://www.mckesson.com)

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail, delete this message and destroy all copies thereof.

---

**From:** Gustin, Dave  
**Sent:** Tuesday, December 16, 2008 2:59 PM  
**To:** Bishop, Micheal  
**Subject:** could you do me a favor.

Are you in today?

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Dave Gustin, DRA North Central Region

cell 937 402 0834



## Threshold Change Form

Immediate Change Request Y/NYAnticipated Effective Date: 11/28/2008Date: 11/28/2008Customer Name: Various RNA Customers - See attachment

Address: \_\_\_\_\_

\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: See attachment

<u>Provide Economost number, Description, NDC or Base Code</u>	<u>Change in selling unit or percentage</u>
--	---

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| 1. CS requested: <u>Various</u> | Increase amount <u>30% increase</u> |
| 2. CS requested: _____          | Increase amount _____               |
| 3. CS requested: _____          | Increase amount _____               |
| 4. CS requested: _____          | Increase amount _____               |
| 5. CS requested: _____          | Increase amount _____               |

Reason for change (attach supporting documentation):

Increase due to Thanksgiving holiday - 30% increase

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? perm
4. Has threshold been changed on the same product within the last three months?

## Current Threshold

1. various
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by:**

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Regulatory dgDate: 11/28/08

Threshold Change Form.doc

MCK 000522

**McKESSON**

Empowering Healthcare

**Threshold Change Form**

Immediate Change Request Y/NY

Anticipated Effective Date: 12/15/08Date: 12/15/08Customer Name: CVS

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: manyProvide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

- |                              |                            |
|------------------------------|----------------------------|
| 1. CS requested: <u>9193</u> | Increase amount <u>30%</u> |
| 2. CS requested: _____       | Increase amount _____      |
| 3. CS requested: _____       | Increase amount _____      |
| 4. CS requested: _____       | Increase amount _____      |
| 5. CS requested: _____       | Increase amount _____      |

Reason for change (attach supporting documentation):

National adjustment due to the vast number of increases needed during a shortage and demand shift, per Don Walker and the DRA team.

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file?      Date: \_\_\_\_\_
3. Permanent or Temporary threshold change? perm
4. Has threshold been changed on the same product within the last three months?

## Current Threshold

1. various
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by:**

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form05\_20\_08.doc

MCK 000523

**MCKESSON**  
*Empowering Healthcare*

Regulatory dg

Date: 12-15-08

Threshold Change Form05\_20\_08.doc

MCK 000524

Confidential Material Exempt  
From Disclosure Under FOIA



**McKESSON**

Empowering Healthcare

**Threshold Change Form**

Immediate Change Request Y/NY

Anticipated Effective Date: 11-25-08

Date: 11-26-08

Customer Name: FM0755299 442358 CVS PHCY 5302A

Address: \_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

**Provide Economost number, Description, NDC or Base Code Change in selling unit or percentage**

- |                        |                       |
|------------------------|-----------------------|
| 1. CS requested: 9300  | Increase amount 30%   |
| 2. CS requested: _____ | Increase amount _____ |
| 3. CS requested: _____ | Increase amount _____ |
| 4. CS requested: _____ | Increase amount _____ |
| 5. CS requested: _____ | Increase amount _____ |

Reason for change (attach supporting documentation):

Per the agreement between CVS and McKesson approved by Don Walker on Sept 25 to temporarily withhold threshold monitoring until CVS analyzed requested data.

**McKesson use only**

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

**Current Threshold**

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by:**DCM Jake KramerDate: November 26, 2008

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form CVS11-25-08.doc

MCK 000525

**MCKESSON**

*Empowering Healthcare*

Regulatory Tracy Jonas

Date: November 26, 2008

Threshold Change FormCVS11-25-08.doc

MCK 000526

Confidential Material Exempt  
From Disclosure Under FOIA

**McKESSON**

Empowering Healthcare

**Threshold Change Form**

Immediate Change Request Y/NY

Anticipated Effective Date: 11-25-08Date: 11-25-08Customer Name: CVS Phcy 5301AAddress: 1311 Grand Ave  
Billings, MT 59102DEA number: FM0755364Customer Account number: 170206

Provide Econo most number, Description, NDC or Base Code Change in selling unit or percentage

- |                                  |                            |
|----------------------------------|----------------------------|
| 1. CS requested: <u>See list</u> | Increase amount <u>30%</u> |
| 2. CS requested: _____           | Increase amount _____      |
| 3. CS requested: _____           | Increase amount _____      |
| 4. CS requested: _____           | Increase amount _____      |
| 5. CS requested: _____           | Increase amount _____      |

Reason for change (attach supporting documentation):

Per the agreement between CVS and McKesson approved by Don Walker on Sept 25 to temporarily withhold threshold monitoring until CVS analyzed requested data.

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? \_\_\_\_\_ Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

## Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by:

DCM Jake KramerDate: 11/25/08

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form CVS11-25-08 (2).doc

MCK 000527

**MCKESSON**

*Empowering Healthcare*

Regulatory Tracy Jonas

Date: November 25, 2008

Threshold Change FormCVS11-25-08 (2).doc

MCK 000528

Confidential Material Exempt  
From Disclosure Under FOIA